Do not hold longer
than 24 hours

WVNCC Request for Personnel Action

Date Dept		Camp	ous			
Job Title Employmer	ent Period: Start D	Date	Enc	d Date		
Hourly Employee Classification Type:						
Temporary (less than 9 months)	ual (225 hours or les	ss) 🗌 Studer	nt Employee	e 🗌 Part-ti	me Regular	
Juest Type: New Request				Part-time Regular positions require approval from the President for new position request.		
Adjustment to Original RPA			-	President's A	lpproval	
Increase/Decrease H	Hours/Dollars	Cancellati	on/Void			
Recommended Appointee:	New Request			Adjustment to Original RPA		
Last 4 digits SS#	Hourly Rate			Hourly Rate		
Address	Maximum Total Hours			Maximum Total Hours		
City	Maximum Wages			Maximum Wages		
State/Province	Benefits (8.11%)			Benefits (8.11%)		
Zip/Postal Code	Total Compensation			Total Compensation		
Justification		Human F	Resource Of	fice Use Only		
	Date Paid	Date Paid Amount Paid Hours			Balance Dollars	
Approval Signatures						
Supervisor				_		
Dept Administrator Date				_		
Date						
Chief HR Officer						
Comments:						

Copy sent to Supervisor